

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER NATIONAL ORGANIZATION FOR MARRIAGE CALIFORNIA - YES ON 8, SPONSORED BY NATIONAL ORGANIZATION FOR MARRIAGE <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AREA CODE/PHONE NUMBER (916)/47-3-4298 </div> <div style="width: 45%;"> I.D. NUMBER (if applicable) 1303282 </div> </div> <hr/> STREET ADDRESS <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY SANTA ANA </div> <div style="width: 20%;"> STATE CA </div> <div style="width: 30%;"> ZIP CODE 92701 </div> </div>			Date of This Filing <u>09/08/2008</u> Report No. <u>3</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>2</u>	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/07/2008	MILTON SMITH PASADENA, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CARDIOLOGIST DR. MILTON SMITH, CARDIOLOGY CARE	\$2,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER (916)/47-3-4298		I.D. NUMBER (if applicable) 1303282			
STREET ADDRESS			Report No. 3	Page 2 of 2	
CITY SANTA ANA					
STATE CA		ZIP CODE 92701	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 2		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: